



APPLICATION FOR EMPLOYMENT

Position Applied For: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Full Legal Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email Address: \_\_\_\_\_ SS#: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact & Phone: \_\_\_\_\_

Are you known to schools/references by another name?  Yes  No Name: \_\_\_\_\_

Are you able to work -  Full Time?  Part Time?

Do you have relatives employed by Ethos West Construction, Inc.?  Yes  No

If yes, Name of Relative: \_\_\_\_\_ Relationship: \_\_\_\_\_

Do you have a valid driver's license?  Yes  No License No. \_\_\_\_\_ State \_\_\_\_\_

Do you have reliable transportation?  Yes  No

Have you ever been convicted of a felony?  Yes  No

(A conviction is not an automatic bar to employment. Each case is considered separately.)

After reviewing the essential functions from the job description, are you able to perform them with or without reasonable accommodation?  Yes  No

EDUCATION / EXPERIENCE

High School Attended \_\_\_\_\_ City/State \_\_\_\_\_ Graduated/G.E.D.?  Yes  No

Trade School, Colleges or Universities \_\_\_\_\_ Major \_\_\_\_\_ Dates Attended \_\_\_\_\_ Degree \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any licenses, vocational or on-the-job training you have completed that would be useful in this position:  
\_\_\_\_\_  
\_\_\_\_\_

Please give name, and telephone number of three personal references not related to you:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT HISTORY**

Start with your present or last job first and work backward. Include military service and periods of unemployment of 6 months or more. Be as complete as possible in outlining the duties of each position.

Employed by:	Your Duties:
Address:	
City/State:	
Your job title:	
Supervisor's Name/Title:	
Supervisor's Phone: (     )	
Employed From:                      To:	
Hrs/Week:	Reason for Leaving:
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employed by:	Your Duties:
Address:	
City/State:	
Your job title:	
Supervisor's Name/Title:	
Supervisor's Phone: (     )	
Employed From:                      To:	
Hrs/Week:	Reason for Leaving:
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employed by:	Your Duties:
Address:	
City/State:	
Your job title:	
Supervisor's Name/Title:	
Supervisor's Phone: (     )	
Employed From:                      To:	
Hrs/Week:	Reason for Leaving:
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employed by:	Your Duties:
Address:	
City/State:	
Your job title:	
Supervisor's Name/Title:	
Supervisor's Phone: (     )	
Employed From:                      To:	
Hrs/Week:	Reason for Leaving:
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Attach supplemental sheets, if needed.

**AUTHORIZATION**

- I authorize Ethos West Construction, Inc. at the time of my application for employment and during the course of employment to verify information contained in this application as it relates to the position for which I am being considered, or in which I may be employed.
- I certify my statements in this application are true, complete and correct to the best of my knowledge and belief I understand that any falsification or omission of information may remove my name from the eligibility list, or if I have been hired, cause my dismissal from Ethos West Construction, Inc. I understand that all statements made on this application may be investigated.
- Federal Law requires anyone employed by Ethos West Construction, Inc. present proof of identity and proof of authorization to work in the United States. I understand that I must be able to prove this authorization.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_